



Dear Californian:

Confused about Medicare prescription drug coverage? That's not surprising, given the complicated array of options.

The new Medicare prescription drug benefit starts January 1, 2006. The new program is voluntary. If you decide to sign up, you must join one of the Medicare-approved plans offering drug coverage in your state. You may have already begun to receive phone calls and information in the mail from these plans, or seen advertisements on television.

That's why we've developed this booklet. So that you can make an informed decision on:

- **What the Medicare prescription drug program is**, including who is eligible to apply;
- **How to decide whether to enroll**; and
- **Where to go for more information.**

It is my hope that you will find this information helpful. If you have questions about the program or about how it might affect your current coverage, please don't hesitate to call my office at 202-224-3841.

Sincerely,

A large, stylized handwritten signature in black ink that reads "Dianne Feinstein".

Dianne Feinstein  
U.S. Senator





# The Medicare Prescription Drug Benefit: The Basics and Eligibility

The Medicare prescription drug benefit will help Medicare recipients pay for their prescription drug costs. It is a voluntary program that provides a benefit to all Medicare recipients, while low-income recipients may have a majority of their drug costs paid by Medicare.

Like many other types of insurance, if you join a plan offering Medicare drug coverage there is a monthly premium. If you have limited income and resources, you may get extra help to cover prescription drugs at little or no cost. The amount of the monthly premium is not affected by your health status or how many prescriptions you need. You will also pay a share of the cost of your prescriptions. All drug plans will have to provide coverage at least as good as the standard coverage, which Medicare has set. However, some plans might also offer more coverage and additional drugs for a higher monthly premium.

## Important Dates

**November 15, 2005:** First day you can enroll in a Medicare prescription drug plan.

**December 31, 2005:** Last day you can enroll in a Medicare drug plan if you want coverage to begin on January 1, 2006.

**January 1, 2006:** Medicare drug coverage begins for those who signed up for a plan between November 15, 2005 and December 31, 2005.

**May 15, 2006:** Last day to enroll in a Medicare drug plan without incurring a 1% per month premium surcharge and last day to enroll in a Medicare drug plan to receive coverage in 2006.

**November 15, 2006:** The open enrollment period for Medicare drug coverage for 2007 begins. This is also the first opportunity for those who enrolled in a Medicare drug plan for 2006 to switch plans if they wish.

## Who is eligible?

Everyone who is eligible for Medicare Part A or Part B qualifies for the voluntary prescription drug coverage. (*See page 4 for more information*).

## Will everyone receive coverage?

All Medicare recipients or those eligible for Medicare Part A or B who want coverage will be able to sign up for coverage, but it is not mandatory to join the program.

## When does the program go into effect?

The prescription drug program, Medicare Part D, goes into effect beginning in 2006. Recipients who enroll will have the option of signing up for a stand-alone drug plan or joining a private health plan that offers the drug coverage.

## What if I don't sign up now?

If you do not sign up for a Medicare prescription drug plan by January 1, 2006, you can still enroll in a plan anytime before May 15, 2006 without penalty. If you do not sign up by May 15, 2006, you will also have to pay a late-enrollment penalty, which will increase your premium by one percent for each month you are not in the program.

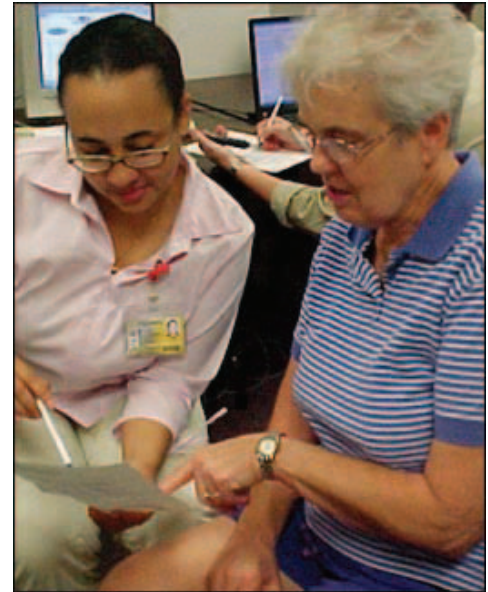
# Making the Choice: Should I Enroll?

The decision whether to sign up for Medicare prescription drug coverage is a personal one. It depends on your current health insurance coverage, what coverage is available to you and your financial situation. But here are some key questions that you should ask in determining whether to enroll.

## What if I already have coverage for my prescription drugs?

It depends on what kind of coverage you have. Some coverage is excellent and you will not need Medicare's plan. Other coverage is not as good. And if you have no coverage, then this can be a great help. It is important to keep in mind, though, that if you do not sign up for coverage between November 15, 2005, and May 15, 2006, and you decide later to sign up, you will incur a late-enrollment penalty, which will increase your premium by one percent for each month you are not in the program. Here are various types of pre-existing coverage:

- **Medicaid:** Coverage will end on December 31, 2005.  
*Note: If you do not sign up for a Medicare drug plan, you will be automatically enrolled in a plan not of your choosing. So if you have Medicaid, you should examine plans closely to determine which plan best fits your needs.*
- **Medigap (Medicare Supplement Insurance):** You will be able to choose between maintaining your current coverage and enrolling in Medicare drug coverage. Your Medigap insurance company should tell you whether its drug coverage is as good as Medicare drug coverage. *Note: Most Medigap drug coverage will not be as good as Medicare drug coverage, so you should examine plans closely to determine which plan best fits your needs.*
- **Medicare HMO:** You will be able to choose between maintaining your current HMO – now called a Medicare Advantage plan – and enrolling in Medicare drug coverage. Your HMO should make information about options available to you.
- **Federal government sponsored programs (TRICARE, Department of Veteran's Affairs (VA), or the Federal Employee Health Benefits Program (FEHB)):** As long as you still qualify, your TRICARE, VA, or FEHB prescription drug coverage will not change. *Note: It may be to your advantage to keep your current coverage without any changes, but you should still consider if choosing another Medicare coverage plan would better fit your needs. The late-enrollment penalty does not apply if you have "creditable coverage" for prescription drugs, such as if you have employer-sponsored coverage or other drug coverage that is at least as good as the Medicare drug benefit.*
- **Private Employer, Retiree, or Union:** Your employer or union should tell you whether your drug coverage will continue or if you will need to enroll in Medicare drug coverage. If the coverage will



*If you do not have pre-existing coverage, or decide to enroll in a new plan, finding out which prescription drug plan works best will depend on many factors.*



continue, your employer or union should provide you with information to compare whether that coverage would be as good as, or better, than Medicare drug coverage.

### **How do I choose the drug plan that works best for me?**

If you do not have pre-existing prescription drug coverage, or decide to enroll in a new plan, finding out which prescription drug plan works best will depend on many factors. Key factors to consider in comparing your drug plan options are: which medications are covered, the costs, and which pharmacies will be available to you.

Some information about the plans available in each state will be published in the *Medicare & You* handbook (available at: <http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf>).

### **Find the Medicare Prescription Drug Plan that works for you:**

To help you assess which coverage plan best works to meet your prescription drug needs, Medicare has launched a new website.

Go to:

<https://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/Questions.asp>

# How to Choose Your Prescription Drug Coverage Plan

Contact specific plans for further information, or ask family, friends, and community experts for help in choosing and enrolling in a Medicare drug plan. The State Health Insurance Assistance Program or Medicare will also provide one-on-one assistance upon request. *(For a list of Medicare Prescription Drug Plans available in California, please see pages 12-14).*

## Questions you should consider when selecting a plan:

- **Which medications are covered?** Each plan will cover different medications and have different rules for obtaining prescription drugs. Check to see if your prescription drugs would be covered and whether they would be considered “preferred” medications.
- **How much will it cost?** Each plan will charge different premiums, deductibles, and co-payments. Be sure to compare costs for each plan – sometimes drug plans with lower premiums will have higher deductibles, and some plans with higher premiums will have lower deductibles.
- **Which pharmacies can I use?** Each Medicare drug plan will contract with a specific network of pharmacies. If you do not use a pharmacy in that network, you might run the risk of additional charges. Check to see if the prescription drug plan includes a pharmacy near you.



*Many Medicare drug plans are available. These plans have different costs, cover different drugs, and include different pharmacies.*

## What types of plans will be offered?

Your options include:

- **Medicare-approved stand-alone prescription drug plans** that provide coverage for prescription drugs only; or
- **Medicare Advantage (an HMO or PPO) plans**, which cover prescription drugs, as well as additional services like inpatient or outpatient care.
  - **Medicare Advantage Special Needs plans (SNPs)**, which serve “special needs individuals,” described as the institutionalized, those who have both Medicare and Medicaid coverage, and those who have chronic, severe, or disabling medical conditions.

## What should I do next?

Once you choose a Medicare drug plan, you will need to join. For information on how to join, read the tip sheet “Medicare Prescription Drug Coverage: How to Join.” For a copy of this tip sheet, visit [www.medicare.gov](http://www.medicare.gov) on the web, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

# Medicare Prescription Drug Coverage: Low-Income Medicare Recipients

Too many Americans now face the terrible choice of paying for rent or groceries and paying for their prescription drug costs, and some have resorted to skipping doses in an attempt to manage prescription drug costs. Some people with limited income and resources may qualify for extra help. People who qualify will get help paying for their drug plan's monthly premium, and/or for some of the cost they would normally have to pay for their prescriptions. The amount of extra help you qualify for is based on your income and resources.

## Who is eligible for the low-income coverage?

Seniors who earn less than 135 percent of the federal poverty level (\$12,919.50 for singles or \$17,320.50 for couples in 2005) per year will receive the entire low-income coverage, and those who earn up to \$14,355 (\$19,245 for couples) will also receive significant assistance.

## What is the low-income coverage?

For seniors who earn less than 100 percent of the federal poverty level (\$9,570 for singles or \$12,830 for couples in 2005) and who are already receiving Medicaid, coverage includes:

- No premium, no deductible, and Medicare will pay all drug costs, with the exception of a nominal co-pay (\$1 co-pay for generics, \$3 co-pay for brand names);
- No co-pay if in a nursing home; and
- Catastrophic Coverage: Medicare will pay all drug costs. There is no co-pay when total drug spending exceeds \$5,100.

For seniors who earn between 100 percent (\$9,570 for singles or \$12,830 for couples in 2005) and 135 percent of the federal poverty level (\$12,919.50 for singles or \$17,320.50 for couples in 2005) and have less than \$6,000 in assets (excluding home, a car, and jewelry) coverage includes:

- No premium, no deductible, and Medicare will pay all drug costs with the exception of a nominal co-pay (\$2 co-pay for generics, \$5 co-pay for brand names);
- No co-pay if in a nursing home; and
- Catastrophic Coverage: Medicare will pay all drug costs. There is no co-pay when total drug spending exceeds \$5,100.

For seniors who earn between 135 percent (\$12,919.50 for singles or \$17,320.50 for couples in 2005) and 150 percent of the federal poverty line (\$14,355 for singles or \$19,245 for couples in 2005) and have less than \$10,000 in assets (excluding home, a car, and jewelry) coverage includes:

- Sliding-scale premium;
- \$50 deductible;
- Medicare will pay 85 percent of drug costs from \$51 to \$5,100 in total drug spending; and
- Catastrophic Coverage: Medicare will pay all drug costs when total drug spending exceeds \$5,100 with the exception of a nominal co-pay (\$2 co-pay for generics, \$5 co-pay for brand names).



*More than 1 million of California's low-income seniors will no longer have to face choosing between buying groceries and buying prescription drugs.*

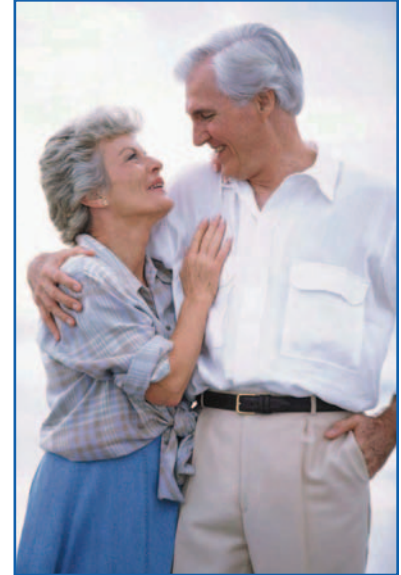
# Standard Prescription Drug Coverage

All other Medicare recipients who qualify for Part A or Part B – seniors who earn more than 150 percent of the federal poverty line (\$14,355 for singles or \$19,245 for couples) – will be eligible to receive the standard prescription drug coverage. All drug plans will have to provide coverage at least as good as the standard coverage, which Medicare has set. However, some plans might also offer more coverage and additional drugs for a higher monthly premium.

The most important feature of this element of the program is the catastrophic coverage, which means that Medicare pays for 95 percent of drug costs above \$5,100 in total drug spending. Medicare recipients will then only have to pay for 5 percent of these catastrophic drug costs.

## What is the standard prescription drug coverage?

- Medicare recipients who choose to enroll in the program will be charged premiums averaging \$35 a month per person of \$420 a year. *Some plans may charge more or less than the average \$35 a month, so it is important to find out what each plan charges.*
- **There is also a \$250 deductible.** In other words, Medicare recipients who earn more than 150 percent of the federal poverty line (\$14,355 for singles or \$19,245 for couples), the Medicare recipient pays the first \$250 of drug costs annually, and then Medicare will pay 75 percent of the remaining drug costs up to \$2,250.
- **The “Donut Hole.”** After \$2,250 in total drug costs, Medicare will pay nothing more until drug spending reaches \$3,600 out-of-pocket (or \$5,100 in total drug spending). This “donut hole” is often criticized. However, the problem is that without this gap in coverage, the total cost of the program explodes well beyond the \$400 billion authorized by this law. Nevertheless, this program provides a significant benefit where there was previously nothing – particularly for low-income and catastrophic coverage.
- **Catastrophic Coverage:** When drug spending exceeds \$3,600 out-of-pocket (or \$5,100 in total drug spending), Medicare will pay 95 percent of the cost of each prescription. Medicare recipients will then only have to pay for 5 percent of these catastrophic drug costs. The catastrophic coverage is very significant because the cost of a serious illness can be in the hundreds of thousands of dollars. The catastrophic coverage in this law will help ensure that a senior will be able to pay for the prescription drugs to treat his or her serious illness.



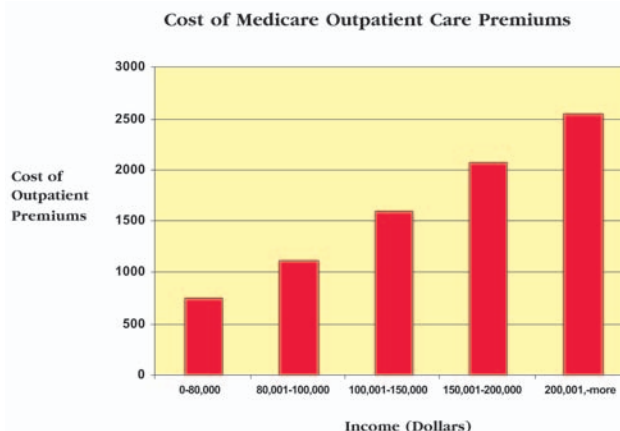
*The catastrophic drug coverage in the bill will help ensure that a senior won't be forced into bankruptcy to pay for a chronic or severe illness.*

# Income-Relating the \$4,248 Medicare Part B (Outpatient Care) Premiums

During the past 40 years, the average life expectancy of Americans has jumped from 70.2 years to 76.9 years. Over the next 40 years, the number of Americans 65 and older will more than double, rising from 37 million today to 82 million in 2050.

The result of these demographic shifts, combined with rapidly rising health care costs, is a potentially devastating fiscal situation for Medicare. And unless the program is changed or modified, the Medicare trust fund will become insolvent in the year 2020.

In 2006, the total cost to the taxpayer of Medicare Part B premiums will be \$4,248 – 75 percent of which is subsidized by the government – leaving \$1,062 a year, or \$88.50 per month, which is paid for by individuals enrolled in Medicare.



In order to make Medicare more financially secure, Senator Feinstein believes that those individuals who earn more than \$80,000 a year and couples who earn more than \$160,000 a year should pay a greater share of their \$4,248 Medicare Part B (outpatient care) premiums. Simply put, low-income families should not have to pay for someone like Ross Perot to have a checkup.

This provision will not impact the prescription drug benefit Medicare recipients will receive.

## **Income-relating will begin in 2007 and will be fully phased-in in 2012.**

- Individuals with annual incomes between \$80,001 and \$100,000 and couples with incomes between \$160,001 and \$200,000 will pay 35 percent of the total cost of the \$4,248 Medicare Part B premium (equivalent to \$123.90 monthly, \$1,486.80 annually in 2006).
- Individuals with annual incomes between \$100,001 and \$150,000 and couples with incomes between \$200,001 and \$300,000 will pay 50 percent of the total cost of the \$4,248 Medicare Part B premium (equivalent to \$177 monthly, \$2,124 annually in 2006).
- Individuals with annual incomes between \$150,001 and \$200,000 and couples with incomes between \$300,001 and \$600,000 will pay 65 percent of the total cost of the \$4,248 Medicare Part B premium (equivalent to \$230.10 monthly, \$2,761.20 annually in 2006).
- Individuals with annual incomes of more than \$200,001 and couples with incomes \$600,001 will pay 80 percent of the total cost of the \$4,248 Medicare Part B premium (equivalent to \$283.20 monthly, \$3,398.40 annually in 2006).



# Negotiating for Lower Prices, Generics, Retiree Coverage, and Drug Imports

Senator Feinstein will be working over the next few years to improve the prescription drug program. One of the areas that she believes needs to be improved relates to the government's ability to negotiate with drug companies and pharmacies for lower prices for prescription drugs.

Under current law, the Secretary of Health and Human Services is prohibited from using purchasing power of the U.S. Government to negotiate with drug companies and pharmacies for lower drug prices.

Senator Feinstein strongly believes that the Secretary should have the ability to use the purchasing power of the U.S. Government to obtain the lowest possible prices for prescription drugs.

- **Negotiating Lower Drug Prices:** Senator Feinstein has joined Senators Olympia Snowe (R-Maine) and Ron Wyden (D-Ore.) to introduce legislation that would give the HHS Secretary authority to negotiate with drug manufacturers for lower drug prices. It would require the Secretary to do so on behalf of recipients in government-sponsored prescription drug plans; and would allow approved plans to have the Secretary to negotiate for them upon request.
- **Generic Drugs:** Senator Feinstein also believes that generic drugs should come to the market sooner, and this law closes existing loopholes in the law by allowing new drug applicants only one 30 month patent extension per product for patents submitted prior to the time when the drug can be produced generically. This will ensure that generic drugs are made available to Medicare recipients sooner than under current law.
- **Employer Sponsored Health Benefits for Retirees:** The law does not mandate that employers limit health care coverage for their retirees. Right now, thousands of seniors are losing their health coverage each year. In an attempt to prevent employers from dropping coverage for retirees, this law provides \$88 billion to reimburse employers tax-free for 28 percent of the cost of retiree drug coverage.

## Prescription Drug Importation:

Current regulations on importing prescription drugs from other countries would be continued. Such drugs are allowed only if the Department of Health and Human Services certifies their safety.

Senator Feinstein believes that Americans consumers should not have to pay as much as 55 percent more for brand-name drugs than their neighbors in Canada and supports legislation introduced by Senators Byron Dorgan (D-North Dakota) and Olympia Snowe (R-Maine) that will ensure access to cheaper drugs from certain countries, such as European Union nations, while to guaranteeing that only safe, effective FDA-approved prescription drugs are imported.

The bill also contains provisions authored by Senators Feinstein and Norm Coleman (R-Minnesota) that will make purchasing drugs over the internet safer.

# Frequently Asked Questions



## Does the new Medicare law privatize Medicare?

No. The law does not privatize Medicare.

## Who will administer the program?

Private insurance plans will administer the drug coverage. However, the government will provide standard drug coverage in any region that does not have at least one prescription drug plan and one managed private health plan.

## Will Medicare have to compete with private insurers?

- The law establishes six, three-year demonstration pilot programs that begin in 2010, where Medicare will compete with private insurers – to determine if there are ways to make Medicare more financially competitive. ***It would take an act of Congress to extend the pilot program or broaden it beyond those demonstration areas.***
- Premiums for Medicare Part B (outpatient care) will not increase by more than 5 percent per year as a result of the demonstration program, and low-income seniors who earn less than 150 percent of the federal poverty level (\$14,355 for singles, \$19,245 a couple in 2005) will not see any change in their premiums or Medicare coverage as a result of this program.
- The intent of these demonstration programs is to make Medicare more efficient, in light of the fact that the Medicare trust fund faces insolvency in 2030.



*People with high-deductible private health insurance policies – \$1,100 for individuals, \$2,000 for couples – will be allowed to make deposits in into a health savings account that are tax-free.*

## Does the bill include any other new benefits?

- Medicare will cover an initial physical examination for new beneficiaries and screening for diabetes and cardio-vascular disease.
- It will provide benefits for coordinated care for people with chronic illness and will increase payments for doctors administering mammograms to encourage their use.

## Will the law allow recipients to create Health Savings Accounts?

- Yes. People with high-deductible private health insurance policies – \$1,100 for individuals, \$2,000 for couples – will be allowed to make deposits in into a health savings account that are tax-free.
- Those who chose to utilize a health savings account will be able to deduct what they put into their account from their taxes, and when the money is withdrawn, they will pay no taxes on the investment and earnings, provided the money is used for valid health expenses. Otherwise, a 10 percent penalty will apply.



# Other Key Questions

## Beware of ....

**Fraud.** You need to protect yourself against fraud. Companies sponsoring Medicare drug plans can call you at home, but they cannot go door-to-door in your neighborhood. You should never provide anyone with personal information over the phone, such as your Social Security number, credit card number, or bank account.

**One-sided information.** You should not enroll in a particular Medicare drug plan based only on information provided by the company sponsoring it. You should seek out independent sources of information and evaluate all of your options. Contact Medicare or your State Health Insurance Assistance Program for assistance.

for each month you are not in the program. The late-enrollment penalty does not apply if you have creditable coverage for prescription drugs, such as if you have employer-sponsored coverage or other drug coverage that is at least as good as the Medicare drug benefit.

## If I enroll in a plan that I don't like or doesn't work for me, can I switch?

Most Medicare beneficiaries will only be able to change their Medicare drug plan once a year, between November 15 and December 31.

However, individuals who are eligible for both Medicare and Medicaid can change their Medicare drug plan as often as once a month. Changing Medicare coverage (traditional Medicare, HMO, PPO, etc.) will be allowed only twice.

## If I don't choose a plan before January 1, 2006, can I choose one later?

If you do not sign up for a Medicare drug plan by January 1, 2006, you can still enroll in a plan anytime before May 15, 2006, without penalty.

If you do not sign up by May 15, 2006, you will not be able to sign up until November 15, 2006, which would give you Medicare drug coverage on January 1, 2007.

Remember that to keep in mind that if you do not sign up by May 15, 2006, you will also have to pay a late-enrollment penalty, which will increase your premium by one percent



# FOR MORE INFORMATION

If you are interested in receiving further information about these important issues, please log on to Senator Feinstein's website <http://feinstein.senate.gov> and register to receive e-mail updates, or contact:

**Centers for Medicare and Medicaid Services**

7500 Security Boulevard  
Baltimore, MD 21244-1850  
1-800-MEDICARE  
<http://www.cms.gov>

**The Health Insurance Counseling and Advocacy Program**

California Department of Aging  
1-800-434-0222  
<http://www.aging.ca.gov/html/programs/hicap.html>

**Social Security Administration**

Office of Public Inquiries  
Windsor Park Building  
6401 Security Blvd.  
Baltimore, MD 21235  
1-800-772-1213  
<http://www.ssa.gov/>

**American Association of Retired Person (AARP)**

601 E Street, NW  
Washington, DC 20049  
1-888-OUR-AARP  
<http://www.aarp.org>

# Medicare Prescription Drug Plans Available in California as of November 15, 2005:

## 1. Medicare-approved stand-alone prescription drug plans:

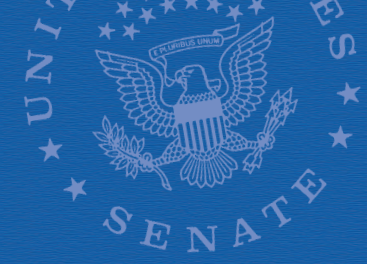
Contract ID	Company	Number of Plans	Customer Service Phone Number	Customer Service Address
S2468	Blue Shield of California	2	1-800-488-8000 TTY: 1-888-595-0000	6300 Canoga Ave Woodland Hills, CA 91367
S5581	Marquette National Life Insurance Company	3	1-800-845-2551 TTY: 1-866-222-3904	411 N Baylen Street Pensacola, FL 32501
S5596	Blue Cross of California	3	1-866-892-5340	P.O. Box 9092 Oxnard, CA 93031
S5597	Pennsylvania Life Insurance Company	3	1-800-765-8900 TTY: 1-866-222-3904	411 N Baylen Street Pensacola, FL 32501
S5601	SilverScript	2	1-866-552-6106 TTY: 1-866-552-6288	P.O. Box 688 Mahwah, NJ 07430
S5617	CIGNA HealthCare	3	1-800-735-1459	13650 NW 8th St Sunrise, FL 33325
S5644	RxAmerica	2	1-877-279-0370	221 N. Charles Lindbergh Dr. SLC, UT 84116
S5660	Medco Health Solutions, Inc.	1	1-800-758-3605 TTY: 1-800-716-3231	P. O. BOX 630246 IRVING, TX 75063
S5674	Coventry AdvantraRx	3	1-800-882-3822 TTY: 1-800-508-9548	P.O. Box 686007 San Antonio, TX 78268
S5678	Health Net	2	1-800-935-6565 TTY: 1-800-929-9955	P.O. Box 10198 Van Nuys, CA 91410
S5755	United American Insurance Company	1	1-866-524-4169 TTY: 1-866-524-4170	3700 S. Stonebridge Drive McKinney, TX 75070
S5803	MEMBERHEALTH	3	1-866-684-5353 TTY: 1-866-684-5351	1 CSC WAY Rensselaer, NY 12144
S5810	Aetna Medicare	3	1-800-445-1796 TTY: 1-800-628-3323	980 Jolly Road Blue Bell, PA 19422
S5820	United Healthcare	3	1-888-556-7052 TTY: 1-888-556-7053	P.O. Box 29350 Hot Springs, AR 71903
S5884	Humana Inc.	3	1-800-281-6918 TTY: 1-877-833-4486	500 West Main Street Louisville, KY 40202
S5917	SierraRx	1	1-866-789-0565 TTY: 1-866-789-0572	P. O. 15645 Las Vegas, NV 89114
S5921	PacifiCare Life & Health Insurance Company	3	1-800-943-0399	3515 Harbor Blvd. Costa Mesa, CA 92626
S5960	Unicare	3	1-866-892-5335	P.O. Box 9092 Oxnard, CA 93031
S5967	WellCare	3	1-888-423-5252	8735 Henderson Blvd. Tampa, FL 33634



## 2. Medicare Advantage (HMO or PPO) plans:

Contract ID	Company	Number of Plans	Customer Service Phone Number	Customer Service Address
H0504	Blue Shield of California	3	1-800-400-6500 TTY: 1-800-794-1099	6300 Canoga Ave Woodland Hills, CA 91367
H0523	Aetna Medicare	7	1-800-445-1796 TTY: 1-800-628-3323	151 Farmington Avenue Hartford, CT 06156
H0524	Kaiser Permanente	9	1-800-777-1238 TTY: 1-800-777-1370	1800 Harrison St. Oakland, CA 94612
H0532	Western Health Advantage	1	1-888-563-2250 TTY: 1-888-877-5378	1331 Garden Highway, Suite 100 Sacramento, CA 95833
H0538	Universal Care Health Advantage	5	1-800-227-3482 TTY: 1-866-321-5955	1600 East Hill Street Signal Hill, CA 90755
H0543	Secure Horizons Medicare Advantage	35	1-800-385-5588 TTY: 1-800-387-1074	P.O. Box 489 Cypress, CA 90630
H0544	California Health Plan	2	1-888-494-8280 TTY: 1-800-577-5586	18000 Studebaker Rd, Suite 100 Cerritos, CA 90703
H0545	Inter Valley Health Plan	1	1-909-623-6333 TTY: 1-800-505-7150	300 S Park Avenue, PO Box 6002 Pomona, CA 91769
H0562	Health Net Of CA	11	1-800-935-6565 TTY: 1-800-929-9955	PO Box 10198 Van Nuys, CA 91410
H0564	Blue Cross of California	6	1-800-765-2585 TTY: 1-877-247-1657	P.O. Box 9092 Oxnard, CA 93031
H0571	Chinese Community Health Plan	1	1-415-397-3190 TTY: 1-877-681-8888	170 Columbus Avenue, Suite 210 San Francisco, CA 94133
H3815	Citizens Choice Healthplan	1	1-323-728-7232 TTY: 1-866-516-9366	5400 E. Olympic Blvd., Suite 130 Los Angeles, CA 90022
H5418	California Health Plan	1	1-800-822-8720 TTY: 1-800-577-5586	18000 Studebaker Rd, Suite #100 Cerritos, CA 90703
H5419	Blue Cross Of California	3	1-800-765-2585 TTY: 1-877-247-1657	P.O. Box 9092 Oxnard, CA 93031
H5425	SCAN Health Plan	2	1-800-915-7226 TTY: 1-800-735-2929	3800 Kilroy Aiport Way, Suite 100 Long Beach, CA 90806
H5439	Health Net Life Insurance Company	1	1-800-579-9096 TTY: 1-800-929-9955	P.O. Box 10198 Van Nuys, CA 91410
H5649	Central Health Medicare Plan	1	1-866-314-2427 TTY: 1-888-205-7671	1051 Park View Drive, Suite 120 Covina, CA 91724
H5811	Medcore HP	1	1-800-320-5688 TTY: 1-800-258-6810	509 West Weber Avenue, Suite 200 Stockton, CA 95203

(continued on next page)



## 2. Medicare Advantage (HMO or PPO) plans: (continued)

Contract ID	Company	Number of Plans	Customer Service Phone Number	Customer Service Address
H9016	UHP Healthcare for Seniors	3	1-800-847-1222 TTY: 1-888-702-3323	3405 W Imperial Hwy Inglewood, CA 90303
H9104	SCAN Health Plan	4	1-800-915-7226 TTY: 1-800-735-2929	3800 Kilroy Airport Way, Suite 100 Long Beach, CA 90806
R9943	BC Life & Health Insurance Company	2	1-800-765-2585 TTY: 1-877-247-1657	P.O. Box 9092 Oxnard, CA 93031

## 3. Medicare Advatange Special Needs Plans:

Contract ID	Company	Number of Plans	Customer Service Phone Number	Customer Service Address
H0538	Universal Care Health Advantage	2	1-800-227-3482 TTY: 1-866-321-5955	1600 East Hill Street Signal Hill, CA 90755
H9016	Secure Horizons Medicare Advantage	3	1-800-385-5588 TTY: 1-800-387-1074	P.O. Box 489 Cypress, CA 90630
H0562	Health Net Of CA	2	1-800-935-6565 TTY: 1-800-929-9955	PO Box 10198 Van Nuys, CA 91410
R9943	Blue Cross of California	1	1-800-765-2585 TTY: 1-877-247-1657	P.O. Box 9092 Oxnard, CA 93031
H0571	Chinese Community Health Plan	1	1-415-397-3190 TTY: 1-877-681-8888	170 Columbus Avenue, Suite 210 San Francisco, CA 94133
H5428	Health Plan of San Mateo	1	1-866-880-0606 TTY: 1-800-735-2929	701 Gateway Blvd, Ste 400 South San Francisco, CA 94080
H5433	OneCare	1	1-877-412-2734 TTY: 1-714-246-8496	1120 W. La Veta Avenue Orange, CA 92868
H5810	Molina Healthcare of California	1	1-800-643-7276 TTY: 1-800-479-3310	One Golden Shore Drive Long Beach, CA 90802
H5811	Medcore HP	1	1-800-320-5688 TTY: 1-800-258-6810	509 West Weber Avenue, Suite 200 Stockton, CA 95203
H5943	Village Health	1	1-877-916-1234 TTY: 1-877-586-1648	3800 Kilroy Airport Way, Suite 100 Long Beach, CA 90806